

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <input type="text" value="U-7811"/>	2. Fiscal Year Covered From: <input type="text" value="01/01/2005"/> Through: <input type="text" value="12/31/2005"/>
3. Name and address of person filing.	
Name <input type="text" value="LOUIS BISIGNANO"/>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any <input type="text" value="CIO Local 282 ZOT"/>	Name <input type="text" value="Local 282 I.B.T."/>
Street <input type="text" value="2500 MARCUS AVENUE"/>	Labor Organization File Number <input type="text" value="009-185"/>
City <input type="text" value="LAKE SUCCESS"/>	Street <input type="text" value="2500 MARCUS AVENUE"/>
State <input type="text" value="NEW YORK"/>	City <input type="text" value="LAKE SUCCESS"/>
ZIP Code + 4 <input type="text" value="11042"/>	State <input type="text" value="NEW YORK"/>
ZIP Code + 4 <input type="text" value="11042"/>	ZIP Code + 4 <input type="text" value="11042"/>
5. Position in labor organization. <input type="text" value="BUSINESS AGENT / TRUSTEE"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name <input type="text"/>	<input type="text"/>
Trade Name, if any: <input type="text"/>	<input type="text"/>
P.O. Box, Bldg., Room No., if any <input type="text"/>	<input type="text"/>
Street <input type="text"/>	7.b. Amount.
City <input type="text"/>	<input type="text"/>
State <input type="text"/>	<input type="text"/>
ZIP Code + 4 <input type="text"/>	<input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Louis Bisignano

On

2/12/05

Date

516-488-2822

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Cohen, Weiss, and Simon LLPTrade Name, if any: P.O. Box, Bldg., Room No., if any 25TH FLOORStreet 330 WEST 42ND STCity NEW YORKState NEW YORK ZIP Code + 4 10036

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 282 BENEFITS TRUST FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2500 MARCUS AvenueCity LAKELAKE SUCCESSState NEW YORK ZIP Code + 4 11042

11.a. Nature of such dealing.

LEGAL REPRESENTATION

11.b. Approximate dollar value of such dealing.

\$1,100,000

12.a. Nature of interest held or income received.

MEAL ASSOCIATED WITH MEETING
ON 4/24/04

12.b. Amount.

\$ 2700

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/>	or Consultant <input type="checkbox"/>	?	14.b. Amount of payment.
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